

# Request/Authorization for Overtime/Compensatory Time

\_\_\_\_\_ Overtime

Pay Period: \_\_\_\_\_

\_\_\_\_\_ Compensatory Time

Requesting Office: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Day and Date Work Performed	Total Requested Hours	Request Approved by Supervisor Initial/Date	Total Actual Hours	Actual In/Out Time	Employee <i>and</i> Supervisor Signature (certifying Actual OT/CT worked)
Sunday Date: _____					Emp _____ Supv _____
Monday Date: _____					Emp _____ Supv _____
Tuesday Date: _____					Emp _____ Supv _____
Wednesday Date: _____					Emp _____ Supv _____
Thursday Date: _____					Emp _____ Supv _____
Friday Date: _____					Emp _____ Supv _____
Saturday Date: _____					Emp _____ Supv _____

Justification:

Accomplishments:

Accounting Code: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_